## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10020747

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
<del></del>		-	(Column	(Column 1)		(Column 2)		TYPE		OR			
L	OTAL CLAIMS	•	18					RATE	FEE	7	RATE	FEE	
FC	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/8 - mir	/8 - minus 20= *		* _		X\$ 9=		OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· :	
INDEPENDENT CLAIMS				7		* /		X42=		OR	7/04	84	
ML	JLTIPLE DEPE	NDENT CLAIM PI	RESENT					+140=				87	
* 11	the difference	e in column 1 is	less than ze	ero, enter	r "0" in c	column 2	l	TOTAL	34	OR OR	+280= TOTAL	coll	
	CLAIMS AS AMENDED - PART II							.101/12	3.4	ļ Un		BUY	
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total		Minus	**		=	X\$ 9=	X\$ 9=		OR	X\$18=	VV A M. N. S	
AME	Independent	是 \$17800 E 1987 14 14 14 1	Minus 1	***		=		X42=		OR	X84=		
	FINOI FILL	ENTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM			+140=	2	OR	+280=		
	14 m						L	TOTAL	· 憩沙 - 110	1	TOTAL		
		/Onlean 4)		<b>(3</b> - 1		~ -	Α	ADDIT. FEE		OR	ADDIT. FEE		
Ę		(Column 1) CLAIMS		(Colum		(Column 3)	1 -			• . •			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
AME	Independent	* ENTATION OF MU	Minus	***		=		X42=	-	OR	X84=		
<u> </u>	FIRST TILOL	NIAHON OF WIL	LIPLE DEF	ENUEINI	CLAlivi		<sup> </sup>	+140=		OR	+280=		
		L	TOTAL			TOTAL							
		(Column 1)		(Colum	nn 2)	(Column 3)	Ai	DDIT. FEE <b>L</b>		Ο	ADDIT. FEE		
ပ		CLAIMS REMAINING		HIGHE	EST				ADDI-	ľ	F	1001	
		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	FCC	
AME	Independent	<u> </u>	Minus	***		=		X42=		ŀ	X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-	A74-		OR	A04=		
* 1	If the entry in colu	L	+140=		OR	+280=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													